

Foster Family Home - Corrective Action Report

Provider ID: 4-000003

Home Name: Marites Quedding, NA

286 South Puunene Avenue

Kahului

HI 96732

Review ID: 4-000003-3

Reviewer: David Ayling

Begin Date: 9/10/2018

End Date: 9/18/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/10/18. Currently has no patients. Corrective Action Report issued during home visit with all items due to CTA by 10/10/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance present for CG #4.

41.(b)(8) - No current Blood Borne Pathogen certification for all CG's(#1 to #6). Expired on 9/5/18.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Janine and Jacyln's Care Home

CCFFH Address: 286 South Puunene Avenue

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7) 41.(b) (8)	- I have obtained a current TB clearance from CG#4 and Blood Bourne Pathogen certificates from all CG's. I have placed the certificates and TB form in my CTA binder.	9/16/18	-I have made a list of all items with expiration dates(CPR, TB, APS) and placed on my computer calender. I have set the reminder for 1 month prior to expiration date.

Primary Caregiver's Signature: 

Print Name: Marija Quedding

Date of Signature: 9/16/18